

# New Hampshire Form D

STATE OF NEW HAMPSHIRE

DEPARTMENT OF STATE

BUREAU OF SECURITIES REGULATION

No. \_\_\_\_\_

Rec'd \_\_\_\_\_

App'd \_\_\_\_\_

Fee \_\_\_\_\_

Granted \_\_\_\_\_

## Application for License for New Hampshire Issuer-Dealer

To the Secretary of State

The undersigned hereby applies for a license authorizing it to sell its securities in this state under the New Hampshire Blue Sky Law and makes the following statement:

1. Name of applicant \_\_\_\_\_
2. Address of applicant \_\_\_\_\_
3. Telephone No. \_\_\_\_\_
4. Date of incorporation or organization, and place: \_\_\_\_\_
5. (a) Type of Organization: ☐ Corporation ☐ Partnership/LLP  
☐ LLC ☐ Proprietorship ☐ Other
6. Are you actually engaged in business in this state? \_\_\_\_\_
7. Give the names, residences, business addresses, capacity and title of all persons interested in the business as principals, officers, directors, managers or managing agents.

Name	Residence	Business Address	Capacity and Title
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

8. In what other states have you ever applied for a securities license? \_\_\_\_\_

9. In what other state are you licensed or registered? \_\_\_\_\_

10. State briefly the general plan and character of the business of applicant, specifying the nature of property in which it is proposed to deal, and the method of transacting business, whether by solicitation, advertisement, correspondence or otherwise.

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11.Type and amount of securities for which qualification is requested \_\_\_\_\_

There are attached hereto and made a part hereof:

- (a) Copy of charter, articles of incorporation, or limited liability company, or limited partnership agreement certified by proper state official.
- (b) Copy of by-laws certified by Clerk of the Corporation
- (c) Certified copies of Profit and Loss Statement and Balance Sheet as of last December 31, or close of fiscal year.
- (d) Pro-forma Balance Sheet (if new entity with no operating history).
- (e) Copy of offering memorandum or prospectus.
- (f) Three references as to the business repute and character of applicant, from unaffiliated persons, including names, addresses, and telephone numbers.
- (g) Form D-1, properly executed, by each of the persons signing below.
- (h) There is enclosed herewith the fee due on filing this application.  
(Corporate seal if incorporated)

THIS APPLICATION MUST BE SIGNED BY ALL THE OFFICERS, PRINCIPALS, DIRECTORS, MANAGERS, MANAGING AGENTS, OR PARTNERS OF THE CORPORATION OR OTHER LEGAL ENTITY.

(Sign here)

1. \_\_\_\_\_  
Date

\_\_\_\_\_  
DOB SS#

2. \_\_\_\_\_  
Date

\_\_\_\_\_  
DOB SS#

3. \_\_\_\_\_  
Date

\_\_\_\_\_  
DOB SS#

4. \_\_\_\_\_  
Date

\_\_\_\_\_  
DOB SS#

5. \_\_\_\_\_  
Date

\_\_\_\_\_  
DOB SS#

6. \_\_\_\_\_  
Date

\_\_\_\_\_  
DOB SS#

7. \_\_\_\_\_  
Date

\_\_\_\_\_  
DOB SS#

8. \_\_\_\_\_  
Date

\_\_\_\_\_  
DOB SS#

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Notary Public

My commission expires \_\_\_\_\_

Each agent's personal statement must accompany this form.

STATE OF NEW HAMPSHIRE  
DEPARTMENT OF STATE  
BUREAU OF SECURITIES REGULATION

Application for License for Agents of New Hampshire corporations, partnerships, limited liability partnerships, limited liability companies and other legal entities

Agents' licenses expire December 31 unless revoked.

Licenses will be sent to the dealer unless otherwise requested.

The fee for each license must accompany this registration.

Makes checks payable to State of New Hampshire.

THIS IS TO CERTIFY, That the persons named below, being suitable, have been appointed agents or salesperson(s) to sell the securities of \_\_\_\_\_

\_\_\_\_\_  
(NAME OF CORPORATION OR OTHER LEGAL ENTITY)

The said Corporation or other legal entity requests the Director to license them as agents or salesperson(s) in this state

Dated at \_\_\_\_\_ this \_\_\_\_ day of \_\_\_\_\_ , \_\_\_\_

Signed \_\_\_\_\_

By \_\_\_\_\_

(OFFICIAL TITLE)

Name Give first name in full	Residence Give full address

No license will be  
issued until ALL  
blanks in this form  
are properly filled out.

No. \_\_\_\_\_

Rec'd \_\_\_\_\_

App'd \_\_\_\_\_

Fee \_\_\_\_\_

Granted \_\_\_\_\_

## Personal Statement of Agent

1. Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ SS No. \_\_\_\_\_  
(Give Full Name)

2. Business address \_\_\_\_\_  
(Street and Number or P.O. Box) (Town or City) (Zip No.)

Current Home address \_\_\_\_\_

3. Have you read the New Hampshire law regulating the sale of securities? \_\_\_\_\_

4. Residence for past five years \_\_\_\_\_

5. Present occupation \_\_\_\_\_ How long? \_\_\_\_\_

6. Occupation for prior five years \_\_\_\_\_

7. If employed, give name and address of employer(s) \_\_\_\_\_

8. If member of firm, given firm name and names of partners \_\_\_\_\_

9. What other business do you intend to carry on? \_\_\_\_\_

10. How many years experience in selling securities have you had? \_\_\_\_\_

11. By whom were you employed? \_\_\_\_\_

12. In what other states have you ever applied for a securities license? \_\_\_\_\_

13. In what other states are you registered or licensed? \_\_\_\_\_

14. In what states, if any, have you been refused a securities license or have been subject to revocation or suspension? \_\_\_\_\_

15. State briefly the general plan and method of selling securities, whether by person solicitation, correspondence or otherwise \_\_\_\_\_

16. Name of last employer and type of work performed \_\_\_\_\_

I desire to be licensed as an agent of \_\_\_\_\_

(GIVE CORPORATE NAME)

17. For the purpose of complying with the laws of New Hampshire relating to either the offer or sale of securities in New Hampshire, I irrevocably appoint the Secretary of State of New Hampshire and the successors in such office, my attorney upon whom may be served any notice, process or pleading in any action or proceeding against me arising out of or in connection with the offer or sale of securities, or out of the violation, or alleged violation, of the laws of New Hampshire. I consent that any such action or proceeding against me may be commenced in any court of competent jurisdiction and proper venue by service of process upon the appointee as if I were a resident of, and had been lawfully served with process, in New Hampshire, I request that a copy of any notice, process or pleading served hereunder be mailed to my current residential address as reflected in this form or any amendment thereto.

Signed \_\_\_\_\_

Notarized:

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Date of expiration of Commission



